Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Commercial Interline	SERFF Tr Num: EMCC-125483875	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: #? $0
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: AR-IL-2008-02	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Jo Byers	Disposition Date: 02/22/2008
	Date Submitted: 02/12/2008	Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): 03/01/2008		Effective Date (New): 03/01/2008
Effective Date Requested (Renewal): 03/01/2008		Effective Date (Renewal): 03/01/2008

State Filing Description:

General Information

Project Name:
Project Number:
Reference Organization:
Reference Title:
Filing Status Changed: 02/22/2008
State Status Changed: 02/22/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:

Filing Description:

February 12, 2008

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third St.

Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

EMCASCO INSURANCE COMPANY – 062-21407

Commercial Interline

Informational Form Filing

Policyholder Disclosure Notices of Terrorism

Company File # AR-IL-2008-02

Effective March 1, 2008

The captioned companies are members of Insurance Services Office and the American Association of Insurance Services. Pursuant to the Terrorism Risk Insurance Act of 2007 and your department's request, we are providing our revised terrorism disclosure notices for informational purposes.

• IL8383.2 (1-08) Disclosure Pursuant to Terrorism Risk Insurance Act replaces IL8383 (1-06)
• IL8383.5 (1-08) Disclosure Pursuant to Terrorism Risk Insurance Act replaces IL8383.2 (1-07)

We supplement this filing with the Property and Casualty Transmittal Document and final printed copies of our forms.

We respectfully request your acknowledgment of this filing, to be applicable to policies written on or after March 1, 2008. Thank you.

Jo L. Byers, Filings Analyst

Rates and Filings Dept.

(800) 247-2128 Ext. 2707

jo.l.byers@emcins.com

Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst Jo.L.Byers@EMCIns.com

PO Box 712
Des Moines, IA 50306-0712

(800) 247-2128 [Phone]
(515) 345-2223[FAX]

Filing Company Information

EMCASCO Insurance Company	CoCode: 21407	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name:	State ID Number:
(800) 247-2128 ext. [Phone]	FEIN Number: 42-6070764	

Employers Mutual Casualty Company	CoCode: 21415	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name:	State ID Number:
(800) 247-2128 ext. [Phone]	FEIN Number: 42-0234980	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	$0.00	02/12/2008	
Employers Mutual Casualty Company	$0.00	02/12/2008	

SERFF Tracking Number:	*EMCC-125483875*	*State:*	*Arkansas*
First Filing Company:	*EMCASCO Insurance Company, ...*	*State Tracking Number:*	*#? $0*
Company Tracking Number:	*AR-IL-2008-02*		
TOI:	*35.0 Interline Filings*	*Sub-TOI:*	*35.0002 Commercial Interline Filings*
Product Name:	*Commercial Interline*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Llyweyia Rawlins	02/22/2008	02/22/2008

Disposition

Disposition Date: 02/22/2008
Effective Date (New): 03/01/2008
Effective Date (Renewal): 03/01/2008
Status: Accepted For Informational Purposes
Comment: Disclosure to Terrorism Risk Insurance

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings	
Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	*EMCC-125483875*	*State:*	*Arkansas*
First Filing Company:	*EMCASCO Insurance Company, ...*	*State Tracking Number:*	*#? $0*
Company Tracking Number:	*AR-IL-2008-02*		
TOI:	*35.0 Interline Filings*	*Sub-TOI:*	*35.0002 Commercial Interline Filings*
Product Name:	*Commercial Interline*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Form	Disclosure Pursuant to Terrorism Risk Insurance Act	Accepted for Informational Purposes	Yes
Form	Disclosure Pursuant to Terrorism Risk Insurance Act	Accepted for Informational Purposes	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Accepted for Informational Purposes	Disclosure Pursuant to Terrorism Risk Insurance Act	IL8383.2	1-08	Disclosure/ Notice	Replaced	Replaced Form #: IL8383 (1-06) Previous Filing #:	0.00	IL8383.2 (1-08).pdf
Accepted for Informational Purposes	Disclosure Pursuant to Terrorism Risk Insurance Act	IL8383.5	1-08	Disclosure/ Notice	Replaced	Replaced Form #: IL8383.2 (1-07) Previous Filing #:	0.00	IL8383.5 (1-08).pdf

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

SCHEDULE*

Terrorism Premium (Certified Acts) $
*If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorism acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds $100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

The following is required as part of the disclosure notice in MISSOURI

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, “certified” acts of terrorism are acts that exceed $5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered.

Read your policy and endorsements carefully.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

SCHEDULE *

Terrorism Premium (Certified Acts)

A. Premium through end of year 12/31/ $ _____

B. Premium beyond the date specified above $ _____

(Refer to Paragraph **D.** in this endorsement.)

*If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.

A. Disclosure Of Premium

In accordance with the Federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorism acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds $100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

D. Premium beyond the year specified in the schedule above:

The premium for certified acts of terrorism coverage is calculated based in part on the federal participation in payment of terrorism losses as set forth in the Terrorism Risk Insurance Act. The federal program established by the Act is scheduled to terminate at the end of the year specified in the schedule of this endorsement, unless extended by the federal government. If the federal program is extended, the premium shown in **(B)** in the schedule shall be attributable to coverage for terrorism acts certified under the Act.

If the federal program terminates, your policy will still contain coverage for acts of terrorism unless you have elected to exclude the coverage. The premium shown in **(B)** in of the schedule shall be attributable to that coverage for terrorism.

The following is required as part of the disclosure notice in MISSOURI

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, “certified” acts of terrorism are acts that exceed $5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered.

Read your policy and endorsements carefully.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Accepted for Informational Purposes 02/22/2008

Comments:

Attachment:

pctd.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
	h. Subject Codes	

3.	Group Name	Group NAIC #
	EMC Insurance Companies	062

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Employers Mutual Casualty Company	IA	21415	42-0234980
	EMCASCO Insurance Company	IA	21407	42-6070764

5.	Company Tracking Number	AR-IL-2008-02

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jo L. Byers P.O. Box 712 Des Moines, IA 50306-0712	Filings Analyst	800-247-2128 ext. 2707	515-345-2223	Jo.L.Byers@EMCIns.com

7.	Signature of authorized filer	Jo L. Byers
8.	Please print name of authorized filer	Jo L. Byers

Filing information (see General Instructions for descriptions of these fields)

9.	**Type of Insurance (TOI)**	Commercial Interline			
10.	**Sub-Type of Insurance (Sub-TOI)**	**Commercial Interline**			
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**				
12.	**Company Program Title** (Marketing title)	**Commercial Interline**			
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☒ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)			
14.	**Effective Date(s) Requested**	New:	3/1/08	Renewal:	3/1/08

Property & Casualty Transmittal Document---

15.	**Reference Filing?**	☐ Yes ☒ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	2/12/08
19.	**Status of filing in domicile**	☒ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

20.	**This filing transmittal is part of Company Tracking #**	AR-IL-2008-02

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

The captioned companies are members of Insurance Services Office and the American Association of Insurance Services. Pursuant to the Terrorism Risk Insurance Act of 2007 and your department's request, we are providing our revised terrorism disclosure notices for informational purposes.

- IL8383.2 (1-08) Disclosure Pursuant to Terrorism Risk Insurance Act replaces IL8383 (1-06)
- IL8383.5 (1-08) Disclosure Pursuant to Terrorism Risk Insurance Act replaces IL8383.2 (1-07)

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount: N/A

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	**This filing transmittal is part of Company Tracking #**	AR-IL-2008-02
2.	**This filing corresponds to rate/rule filing number** (Company tracking number of rate/rule filing, if applicable)	n/a

3.	**Form Name /Description/Synopsis**	**Form # Include edition date**	**Replacement Or withdrawn?**	**If replacement, give form # it replaces**	**Previous state filing number,** if required by state
01	Disclosure Pursuant to Terrorism Risk Insurance Act	IL8383.2 (1-08)	☐ New ☒ Replacement ☐ Withdrawn	IL8383 (1-06)	
02	Disclosure Pursuant to Terrorism Risk Insurance Act	IL8383.5 (1-08)	☐ New ☒ Replacement ☐ Withdrawn	IL8383.2 (1-07)	
03			☐ New ☐ Replacement ☐ Withdrawn		
04			☐ New ☐ Replacement ☐ Withdrawn		
05			☐ New ☐ Replacement ☐ Withdrawn		
06			☐ New ☐ Replacement ☐ Withdrawn		
07			☐ New ☐ Replacement ☐ Withdrawn		
08			☐ New ☐ Replacement ☐ Withdrawn		
09			☐ New ☐ Replacement ☐ Withdrawn		
10			☐ New ☐ Replacement ☐ Withdrawn		